

## Industrial Pretreatment Program Questionnaire Short Form

1. Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
2. Production or facility information (if different than above)  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
3. Name, title, and telephone number of person authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority  
Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_
4. Identify type of business or services conducted  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe this company's manufacturing processes (if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List Standard Industrial Classification (SIC) Codes for the facility  
\_\_\_\_\_  
\_\_\_\_\_
7. List number of employees and shift starting times for the facility  

	# of employees	Starting time	
1st Shift	_____	_____	AM/PM
2nd Shift	_____	_____	AM/PM
3rd Shift	_____	_____	AM/PM
8. Average water use (in gallons) per month \_\_\_\_\_ Estimated ☐ Measured ☐
9. Check all types of wastewater generated at the facility  

Domestic	<input type="checkbox"/>	Equipment/Facility Washdown	<input type="checkbox"/>
Non-Contact Cooling Water	<input type="checkbox"/>	Air Pollution Control Equipment	<input type="checkbox"/>
Contact Cooling Water	<input type="checkbox"/>	Boiler/Tower Blowdown	<input type="checkbox"/>
Process Water	<input type="checkbox"/>	Stormwater Runoff to Sewer	<input type="checkbox"/>
Other (Explain)	_____		
10. This facility discharges to the following (check all that apply)  

Sanitary Sewer	<input type="checkbox"/>	Groundwater	<input type="checkbox"/>
Storm Sewer	<input type="checkbox"/>	Evaporation	<input type="checkbox"/>
Waste Haulers	<input type="checkbox"/>	Other (Explain)	_____

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

## Industrial Pretreatment Program Questionnaire

### Sample Cover Letter

(Letterhead)  
(Return Address)

TO: All non-residential users of the \_\_\_\_\_ Wastewater Facility

FROM: Industrial Pretreatment Coordinator

SUBJECT: Industrial Pretreatment Program Questionnaire

Pursuant to Chapter 62-625.500, Florida Administrative Code, \_\_\_\_\_ (name of utility) has developed and is implementing a local industrial wastewater pretreatment program. The purpose of this program is to identify and monitor those non-residential users whose discharged waste to the \_\_\_\_\_ Wastewater Facility (WWF) may interfere with the wastewater treatment facilities or processes or which may pose a threat to the environment or to the health and safety of the public and/or employees of the utility.

The \_\_\_\_\_ (name of utility) requests your cooperation in completing the attached Industrial Pretreatment Program Questionnaire Short Form. The questionnaire is an integral component of the Industrial Pretreatment Program. After reviewing the completed form, Industrial Pretreatment Program staff may send you a more detailed questionnaire to be completed and returned and/or may schedule a site visit to determine if your facility should be regulated under the Sewer Use Ordinance \_\_\_\_\_ (Reference Ordinance). Failure to complete and return the form may result in enforcement action under \_\_\_\_\_ (reference legal authority).

Please complete the attached questionnaire and return it to the above address by \_\_\_\_\_ (date). Should you require any assistance completing the form, or if you have any questions ~~about~~ the questionnaire or the Industrial Pretreatment Program, please contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(name)  
(phone)

Sincerely:

Industrial Pretreatment Coordinator

Attachment